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## BIB DATA SHEET

CONFIRMATION NO. 3409

<b>SERIAL NUMBER</b> 10/719,415	<b>FILING or 371(c) DATE</b> 11/21/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> PA-5360-RFB	
<b>APPLICANTS</b> Dusan Pavcnik, Portland, OR; Clay D. Fette, Lebanon, IN; Jason A. Mead, Plainfield, IN; Joseph F. Obermiller, West Lafayette, IN; Fred T. Parker, Unionville, IN; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/428,640 11/22/2002 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/19/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /CHRISTOPHER D PRONE/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance /CDP/ Initials	<b>STATE OR COUNTRY</b>  OR	<b>SHEETS DRAWINGS</b>  10	<b>TOTAL CLAIMS</b>  20	<b>INDEPENDENT CLAIMS</b>  2
<b>ADDRESS</b> COOK GROUP PATENT OFFICE P.O. BOX 2269 BLOOMINGTON, IN 47402					
<b>TITLE</b> Stent tissue graft prosthesis					
<b>FILING FEE RECEIVED</b> 1150	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		